



Saturday, June 27th 3:30 pm – 5:00 pm PANEL SESSION IV

#1: Multiple Selves in Action: The Dialectic Between Self and Object Relational Approaches; Clinical Shifts Informed by Patients' Needs

Speakers: Julia Davies, PhD, USA; Maria Slowiaczek PhD, USA and Marina Amore PhD, Italy

Discussant: Sandra Hershberg MD, USA

Moderator: E. Joyce Klein, MSW, USA

Abstract:

Enlivened Selves: The Synergy of Multiplicity, Julia Davies

Multiple Subjectivities: Working with Dissociative Identity Disorder, Maria Slowiaczek

This panel presents two papers with in-depth clinical examples of analyses of women with dramatic dissociative disorders. In both cases, patient and analyst engaged over time in multiple alternate relationships with one another, as the various selves of the patient called out concordant, complementary, and resonant selves in the analyst (Racker, 1957). The analysts' lively and at times unusually concrete engagement with distinct selves in the patient was a crucial aspect of moving the treatment forward. The focus of the panel is on the dialectical relationships among theoretical views that exist under the umbrella of relational theory. While both authors practice within the broad relational paradigm, one analyst has a more self-psychological orientation, while the other tends to work from a more object relational perspective. These papers track the effects of these differing emphases, and the moments in which each analyst was drawn by the needs of the treatment into the less familiar camp. In both treatments, the analyst focused on drawing out and empathizing with the perspective of each of the patient's multiple selves. These treatments demonstrate the quality of attentiveness and personal risk-taking that we believe is required to engage authentically with traumatically split-off and traumatized selves in our patients.

1. To provide in-depth examples of working with dissociative disorders from within a relational theoretical approach.
2. To consider the dialectical relationships of differing theoretical approaches under the umbrella of relational theory. In particular, self psychological and object relations approaches are compared within concrete clinical examples.
3. Using the relational model of multiplicity, to describe how the multiple selves in the patient and the multiple selves in the analyst are invoked by each other, form connections, and help the patient develop new capacities and create more internal harmony.



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**#1: Multiple Selves in Action: The Dialectic Between Self and Object
Relational Approaches; Clinical Shifts Informed by Patients' Needs
(continued)**

Speakers: Julia Davies, PhD, USA; Maria Slowiaczek PhD, USA and Marina Amore PhD, Italy
Discussant: Sandra Hershberg MD, USA
Moderator: E. Joyce Klein, MSW, USA

Abstract:

*Dreaming of the end of the world: Surviving the long separation of the summer holiday in the consultation phase of treatment, **Marina Amore***

This presentation will focus on the consultation phase as a defining moment in treatment. Geared toward framing clinical work, the consultation phase reveals and preserves precious content, working as a sort of treasure chest for the analytic dyad, which can be intuitively or consciously tapped into during all the phases of treatment. Through an in depth look at what I call 'the first session' I will describe a powerful internalization that was used much later on as an anchor for the patient.

1. Exploring the consultation phase as a process that lays the foundation for the analytic relationship.
2. Observing how, since its first moments, the consultation phase outlines boundaries inside which the dyad puts into play limits and resources for its future work.-- Highlight the consolation phase as a microcosm that defines both the limits and resources of future work.
3. Learning how the meaningful exchanges between patient and analyst in consultation phase may become available in future circumstances, helping the dyad to survive to crisis or impasse.



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PANEL SESSION IV

#2: Immigration as a Psychic Presence in Psychoanalytic Process

Speakers: Veronica Csillag, MSW, USA and Susan Klebanoff, PhD, USA
Discussant: Francesco Andreucci, MD, Germany
Moderator/Interlocutor: Kadri Ann Laar, PhD, Canada

Abstract:

Emmy Grant: Immigration as repetition of trauma and as potential space, Veronica Csillag

In my paper I argue that some environments are so toxic that one needs to move far away to extricate oneself from their poisonous field of gravity. The desire to escape a noxious interpersonal constellation in a failed country and a subsequent impasse can be a motivating factor in the choice to leave one's country. I also propose that immigrants frequently find themselves in the kind of milieu they were hoping to leave behind. Life in a strange land, far from a familiar and predictable environment can recapitulate and sometimes even intensify the disjointed experience of a poisoned childhood. Away from one's original environment, reality no longer intrudes upon fantasy, and one's destructive introjects gain free reign. The past remains arrested and it can easily turn into an imaginary static realm. Immigrants are often strongly yet ambivalently attached to this lost world. I further contend and clinically demonstrate that, paradoxically, the immigrant experience can also facilitate healing. Exile can become a haven, a transitional, potential space, if you will, in which to develop the capacity to think, build linkages and process a disturbing and confounding personal and historico-political domain, the grip of which an immigrant may desperately attempt to break.

1. Assess personal and socio-political trauma as motivation for immigration.
2. Demonstrate a conceptual understanding of immigration as emotional retraumatization.
3. Explore and describe immigration as potential space, in which to develop the capacity to think, build linkages and process disturbing and confounding personal and historico-political domains.



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#2: Immigration as a Psychic Presence in Psychoanalytic Process (continued)

Speakers: Veronica Csillag, MSW, USA and Susan Klebanoff, PhD, USA
Discussant: Francesco Andreucci, MD, Germany
Moderator/Interlocutor: Kadri Ann Laar, PhD, Canada

Abstract:

"Where From Are You?" How a Sense of Loss, Otherness and Hope Gets Transferred from Immigrant Father to Psychoanalyst Daughter to Therapeutic Dyad, Susan Klebanoff

"Where from are you?" was my dad's opening line when he met my childhood friends. I remember feeling mortified. With his fractured grammar and heavy accent, he was so obviously foreign. Eventually my friends would turn the question around. "Born and raised in China," I'd answer and wait for their reactions. How could this white Jewish guy be from China? I watched as they stared at his features, in search of some signs of his ethnic identity. "I can see it," they would finally exclaim, "And you look Chinese too." Growing up, I wanted a regular American dad, one who would eat pizza and take us to Yankee Stadium. One who was happy to eat at Golden Palace at the mall, instead of dragging us to the Bronx in search of authentic Chinese food. But I also remember being in awe of my dad and the courage it took to gain an illegal passport and board a ship in Shanghai in the midst of the Japanese invasion, heading penniless to a land where he could not speak the language. In recent years I have become increasingly aware of how I bring my father's experience into the room, particularly in regard to my patients who are immigrants themselves. As a Russian Jew raised in China, my dad grew up with a profound sense of otherness; my own sense of otherness is partially based on holding dissociated aspects of his past. Thus, I identify easily with my patients' sense of foreignness. I am quickly pulled into the trauma of my Roma patient who came here to settle down, never having had a permanent home, or the Irish artist who came here to pursue a richer life away from the confines of her small town, or the young girl who emigrated to become a dancer, considered unacceptable—and worse-- in her Muslim homeland. I fall easily into my role as holder of hope, that if you work hard enough success will come, like it did for my dad. But while there are times my identification provides bright spots in treatment, it can also set me up for blind spots. I can be slow to pick up on manipulative actions. In many cases, these manipulative skills have been honed in countries where poverty and prejudice and violence have made them preconditions of survival. These skills and the trauma that spawned them are reawakened in our American immigration process, and then get repeated in treatment. Despite my personal outsider identification, I become a representative of the establishment, landing in the middle of many a messy moral morass. How do I handle the knowledge of a patient's green card marriage? Or the revelation that a patient has been less than forthcoming in his immigration application? When is looking the other way an enactment that needs to be confronted and mutually understood and when is it simply a humane response to a random and unjust system? What I plan to explore in this paper is how and when my father's story intertwines with that of my patients and the impact that has on the clinical process.

1. Participant will be able to describe 3 aspects of the second-generation analyst experience.
2. Participant will be able to analyze dynamics of immigration trauma in the consulting room.
3. Participant will be able to utilize information learned in this panel with their own patients who have immigration trauma histories in their family of origin.



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PANEL SESSION IV

#3: Psychoanalytic and Artistic Voices in Synergy

Speakers: Alessandro Riva, PhD, Italy; Andrea Recarte, MA, USA and Aleksandra Rayska, MA, MS, Poland

Moderator/Interlocutor: Deborah Levine, PhD, Canada

Abstract:

From Agency to Freedom: The Relational Intimacy of Making Art, Alessandro Riva

The issue of how creative and artistic experiences should be regarded in psychoanalysis is still controversial and a source of misunderstandings, which are the legacy of the Freudian drive-defense-sublimation model. This paper regarding creative and artistic processes from a relational perspective, emphasizing their role in the psychological growth and wellbeing of every individual. The “making” of any type of art involves reconnecting with that particular relational intimacy pointed out by infant researchers in the early interactions between child and caregiver. Involves reconnecting with a dimension of him/herself and of him/herself with the other that is characterized by a vitalizing sense of freedom and deep intimacy in which the conscious-unconscious, reality-fantasy, reason-emotions, primary process-secondary process dichotomies are transformed into complex relationships. This perspective of creative processes is in keep with contemporary psychoanalysis emphasis on the therapeutic value of an analyst-patient relationship in which a creative dimension of thinking and interacting may be promoted in order to increase the possibilities of negotiating and achieving emotional freedom from the constraints effects of traumatic experiences.

1. To explain why in the drive-defense-sublimation model the understanding of creative and artistic processes has often resulted in a psychopathological evaluation of the artists’ personality.
2. To regard and explain creative and artistic processes from a relational perspective, emphasizing their role in the psychological growth and wellbeing of every individual.
3. To describe some similarities between the possibility of transforming effects of traumatic experiences through art and through the analytic relationship.



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PANEL SESSION IV

#3: Psychoanalytic and Artistic Voices in Synergy (continued)

Speakers: Alessandro Riva, PhD, Italy; Andrea Recarte, MA, USA and Aleksandra Rayska, MA, MS, Poland

Moderator/Interlocutor: Deborah Levine, PhD, Canada

Abstract:

*Art Therapy has two mothers: Images, cacophonies, characters and substitutes from a trainee's perspective, **Andrea Recarte***

*Wordless voices: Exploring somatic and symbolic voices in spoken therapy, through the lens of a dance/movement therapist in clinical training, **Aleksandra Rayska***

Body has a long memory. This paper focuses on how encoded voices become embodied and reflected in the practice of a training clinician, analyzing her struggle to develop a voice of her own while listening to past and current internal ghosts, monsters, caricatures and good spirits. Through the lens of a Clinical Psychology student, the writer offers the perspective of a dance/movement therapist and her endeavors to integrate this approach in her current training. Dance/movement and relational literature is reviewed to describe the ways in which body awareness informs clinical practice followed by examples from this writer's experience that illustrate the caricatures influencing her through her peers and teachers who project their own ideas of what being a "body person" in the context of a spoken therapy clinic entails. The writer describes not only the traps but also the importance of listening to the distorted caricatures that others see in her, some of which she gradually owns and identifies with. The writer also provides individual clinical examples and vignettes from the art-dance therapy group she co-leads at her training clinic to illustrate how the voices of controversies between the verbal and the nonverbal approaches in psychotherapy are present in her work and training. Finally, using both somatic and cognitive reflection, the writer will attempt to analyze and discuss those multiple voices and the trainee's necessity to embrace the tension between dichotomizing and integrating them.

1. Attendees will be able to list and describe some of the main ideas in dance/movement therapy and analyze the ways in which this practice can be integrated with other approaches.
2. Attendees will gain tools that could guide them analyzing the influences of verbal and nonverbal processes in psychotherapy.
3. Attendees will be exposed to the perspective of a training clinician allowing them to access the "beginners mind" and later apply it in their capacities as supervisors, mentors and teachers.



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#4: The Non-Negotiables: What Happens When the Analyst Can't or Won't Change

Presenters: Steven Tublin, PhD, USA; Alison Brown, PhD, USA and Sarah Schoen, PhD, USA

Moderator/Interlocutor: John Sloane, MD, Canada

Abstract:

Non-negotiable values: When political and moral principles preclude intersubjective mediation, Steven Tublin

The Ubiquity of the Analyst's Narcissism, Alison Brown

The Insoluble Interactive Matrix: The Analyst's Limitations and the Relational Field, Sarah Schoen

Relational psychoanalysis rests on the notion of negotiation: the inevitable clash of subjectivities engaged in a task of navigating, encountering, and ultimately negotiating the intersubjective space that arises between them. But what of the components of psyche that for either participant are experienced as categorically non-negotiable? Can an adequate analysis proceed if its evolution demands that one of the participants adapt in a way that violates a principal – moral, existential, aesthetic– that is irreducibly self-defining? This panel presents three clinical matrices where the negotiation of intersubjective space demands something of the analyst that may not be possible. It addresses notions of personal values, unbearable affect, and defining self-experience. Taken together, these papers suggest that the phenomenon of non-negotiable limits may be far more common than is generally assumed.

Following the panel, learners will

1. understand the unavoidable narcissistic dimensions of the motivation to become an analyst and perform analytic work
2. recognize the limits of analysts' capacity to endure certain intensely aversive relational experience in the course of psychoanalytic treatment
3. further recognize the limits on intersubjective exploration in cases where deeply held but conflicting political and moral values hold sway.



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PANEL SESSION IV

#5: The Literary and The Psychoanalytic Voice

Presenters: Sandra Buechler, PhD, USA; Dennis Plant, PhD, USA and
Lucinda Ballantyne, LISCW, USA

Moderator/Interlocutor: Joe Lichtenberg, MD, USA

Abstract:

Capturing Clinical Wisdom in Short Stories, Sandra Buechler

Clinical wisdom can be understood as a capacity to harness the healing potential in human relating. Short stories are used to illustrate three forms this can take: imaginative listening, bearing witness to suffering, and actively helping another claim the right to full self expression. Some of our greatest short story writers created vivid and illuminating portraits of how one person can affect the texture of the life of another, rendering its sorrows more bearable and its joys more replenishing. Though not psychoanalysts, these fictional characters so clearly exemplify elements of clinical wisdom that they can be profitably studied by those who are entertaining the possibility of entering training as well as seasoned psychoanalysts.

1. To list some of the qualities implicit in my conception of clinical wisdom.
2. To describe how clinical wisdom can be manifested in the way the analyst relates.
3. To apply insights gathered from literature to interpersonal challenges frequently faced by clinicians.

Using the Writing of David Foster Wallace as Psychoanalysts

Dennis Plant and Lucinda Ballantyne

Since David Foster Wallace's suicide in 2009, his stature as a literary figure has only grown. Among his greatest offerings, Wallace's writing richly illuminated living with and finding what is redemptive about human suffering. Our panel seeks to demonstrate Wallace's talent to a psychoanalytic audience. His portrayals of psychic pain and quests for redemption, in our minds, offer the psychoanalytic clinician opportunities to use his work to better our own. In the two papers, we set out to display how Wallace's work challenges our own work, and how we have come to utilize his writing to engage deeper with psychoanalytic theory. Using clinical examples and passages from his works, the panel will aim to discuss and stimulate conversation with the audience about how Wallace's experiential writing resonates with writers such as Ogden, Bromberg, and Winnicott. We wish to invite conversation with the audience about the potential for Wallace's work to bring clinical work alive and deepen our understanding of human experience.

1. Identify practical applications of David Foster Wallace's work toward psychoanalytic formulations of addiction in clinical work with substance abuse/substance dependent patients.
2. List and explain specific ways David Foster Wallace's writing illuminates curative factors in the patient-therapy relationship.
3. Apply the work of David Foster Wallace to further elucidate Winnicott's notion of object relating and object usage.



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PANEL SESSION IV

#6: Embarrassment, Self Sabotage and Apology

Presenters: Margaret Crastnapol, PhD, USA; Sharyn Leff, LCSW, USA and
Micha Weiss, MA, Israel

Moderator /Interlocutor: Sam Izenberg, MD, Canada

Abstract:

On Stunting Oneself and Being Stunted: The Interplay of Intrapsychic, Interpersonal, and Socio-Cultural Aspects in the Chronically Entrenched Individual, Margaret Crastnapol

Certain individuals appear to be exceptionally mired in their own way of being. This “chronic entrenchment” is underwritten by a combination of rigid characterological tendencies, psychodynamic currents, and broader interpersonal and socio-cultural elements that reinforce the status quo. The stunting of the person’s psychic development may lead to his or her own enduring misery and can also generate noteworthy “collateral damage” in his or her loved ones. (By the same token, the loved one might well have interlocking pathology that contributed from the start to the first person’s entrenched state.) Subtle demands or prohibitions of the larger socio-cultural milieu may also have a significant influence on the psychological blockage of the individual or individuals in question. This presentation focuses on a self-diminishing, masochistic type of entrenchment and its interpersonal and psychosocial contributors. A fictional character and a case illustration set the stage for a conceptual consideration of the interplay among the intrapsychic, interpsychic, interpersonal, and broader socio-cultural facets of psychic fixity (see Levenson (2012), and Philip Bromberg’s (2011)). The presentation demonstrates how a relational sensibility of this kind can maximize the treatment’s leverage in jumpstarting psychic development once again.

1. The listener will be able to define and give examples of a state of chronic psychic entrenchment, and to describe strategies for working with and overcoming it in psychoanalytic treatment.
2. The participant will be able to analyze and explain how intrapsychic (or characterological), interpersonal, and outer social matrices interweave to generate psychic fixity.
3. The attendee will be able to describe psychic “collateral damage” and explain how this can be minimized and/or repaired.

Is My Slip Showing? On the Therapeutic Action of Embarrassment, Sharyn Leff

In this presentation, I consider the role of embarrassment in the clinical encounter and begin by defining and differentiating it from the similar but distinct category of shame. The analyst’s acknowledgement of embarrassment can be a great equalizer, bursting the illusion of being “healthier,” and opening “safe but not too safe” space to make room for the patient’s own states of embarrassment. In this respect, there is an opportunity to challenge idealizations and unrealistic self expectations. Self disclosure of embarrassing feelings, whether verbal or nonverbal, can bring both patient and analyst out of hiding. It can bring a form of soothing and acceptance, transforming the unbearable to bearable. In this way, embarrassment can be conceptualized as a gateway to eventually working with deeper states of shame otherwise too painful and paralyzing for the patient to tolerate directly.

1. The participant will learn how experiences of embarrassment that occur in session can be a form of therapeutic action.
2. The participant will be able to distinguish differences between embarrassment and shame.
3. The participant will understand relational views of embarrassment and the utility of working through embarrassment to deepen the treatment.



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#6: Embarrassment, Self Sabotage and Apology (continued)

Presenters: Margaret Crastnapol, PhD, USA; Sharyn Leff, LCSW, USA and
Micha Weiss, MA, Israel

Moderator /Interlocutor: Sam Izenberg, MD, Canada

Abstract:

*Is the practice of apology relevant to psychoanalysis? A preliminary outline of a morally informed psychoanalytic practice, **Micha Weiss***

This presentation intends to decipher the existence of elements of 'Ethics in Relations' in the various psychoanalytic schools, with a pragmatic use of the social practice of apology as a case study.

The claim is that our postmodern times are in urgent need for an ethically informed Psychoanalysis, and the presentation offers an outline for such an endeavor.

This outline attempts to show different solutions for applying an ethically informed practice, depending on the differential theoretical propositions of the different schools.

At the conclusion of my presentation, the participant will be able to understand the history of ethics in psychoanalysis, and the specific needs of the 21st century for an ethically informed psychoanalytic practice.

The participant will gain a view as to possible solutions to this pressing need.



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#7: Being in the Body in Psychoanalysis

Presenters: Caryn Sherman-Meyer, LCSW, USA; Jane Lewis, LCSW, USA
and Christina Emanuel, PsyD, USA

Moderator/Interlocutor: Judy Pickles, PhD, USA

Abstract:

Help! I Am Falling and I Can't Get (It) Up: Aging and Psychoanalysis, Caryn Sherman-Meyer

We live in an aging population and we are an aging population of analysts. A look around the room of any psychoanalytic conference illustrates this and our membership organizations confirm it. Even so, aging is not a topic that psychoanalysts seem to want to think about and engage with. Certainly, fear of loss of control of our bodies, minds, finances and social status encourages disavowal of aging, particularly in our youth-oriented culture. This panel explores how collusive disavowal of aging finds its way into our practices, reinforcing the caricature of a never-ending treatment with a wise, white-haired analyst showing the way and an unformed, young patient seeking-and receiving- answers to life's questions. At the very least, this conception contradicts the value that relational psychoanalysis places on mutuality, authenticity and agency. The disavowal of aging also suspends time and space, narrowing opportunities for analyst and patient to lay to rest unresolved issues from the past and to take advantage of the time that's left in a condensed future. Finally, disavowal enables the disembodiment of both analytic participants, implicitly reinforcing denial of the physical and psychological aspects of the aging process. When replaced with recognition and acceptance of vulnerable bodies, limited time and certainty of death, treatment takes surprisingly vitalizing turns. Acknowledging the limitations of an aging body ushers in opportunities for analytic exploration of long standing conflicts, especially those related to agency and control. The results of an informal survey of senior analysts who continue to work past typical retirement age will be presented, with the goal of formulating ideas about why ours is a profession that "keeps on going on". Panel attendees will be encouraged to participate in an intimate discussion about aging, working into old age and the positive and negative implications of the choices we may make.

1. Attendees will examine how the disavowal of aging is enacted between psychoanalyst and patient, stalling work on long-standing conflicts around agency and control.
2. By identifying the ways in which disavowal of aging reinforces the stereotype of all knowing analyst and neophyte analysand, attendees will recognize how this is antithetical to the relational model of psychoanalysis.
3. Attendees will consider reasons why psychoanalysts, more than other professionals, continue to work past typical retirement age.

Normal is a Dirty Word: Disability Studies and Psychoanalysis, Christina Emanuel

Although psychoanalytic writers commonly theorize race, class, and gender, they have not theorized disability, with the disabled comprising a group of most othered others. In this presentation I discuss how my work with individuals with autism and fetal alcohol syndrome unexpectedly led me to the Disability Studies literature. I will discuss the main themes in this literature, suggest reasons for the absence of these ideas in the psychoanalytic literature, and offer a case that illustrates these themes. I include what might be gained by adding a Disability Studies sensibility to our theory and clinical practice.

At the end of this presentations, the audience members will be able to:

1. Identify the three main themes in the Disability Studies literature—ableism, the transition from a medical model to the social model of disability, and the idea that "normal" is a construction.
2. Identify reasons that Disability Studies themes are missing from psychoanalytic theory and clinical practice, including that ableism is hidden in our culture, that we rank disabilities below other categories of identity, and that we disavow our own status as Temporarily Able Bodied.
3. Apply insights from the Disability Studies literature to clinical work, appreciating how ableism both in the consulting room and in the culture affects those who have disabilities, including how we construct and are constructed by the disabled/non-disabled system of privilege.



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#7: Being in the Body in Psychoanalysis (continued)

Presenters: Caryn Sherman-Meyer, LCSW, USA; Jane Lewis, LCSW, USA
and Christina Emanuel, PsyD, USA

Moderator/Interlocutor: Judy Pickles, PhD, USA

Abstract:

Bodies In Dialogue: An Analytic Journey Into the Realm of the Unspeakable, Jane Lewis

This presentation joins in contemporary psychoanalysis' ever-expanding conversation about the "something more" than spoken language, that has long been privileged in our profession. To begin with, the notion is explored that infant research's conceptualization of mind as dialogic in origin -- that we are prewired from birth to participate in nonverbal affective communication-- is consistent with the position that an embodied, dialogic, empathic connectedness can evolve with severely traumatized, frozen patients whose experience is not just "unformulated but unspeakable." Also explored within the context of "something more" is this analyst's relationally-informed, theoretical position that clinical wisdom can be synonymous with intuition as a source of knowledge. This in turn, implies a determination to find some way to join our patients "in the fly-bottle" in order to understand their experience. Clinical wisdom as intuition is also understood as a mode of being-with, which includes a willingness to take chances during the analytic process in order to create new hope and new possibilities. These perceptions of "something more" are illustrated with an in-depth account of a difficult analytic journey with a highly intelligent man whose social relatedness hid a world of catastrophic loss, frozen grief and terror of annihilation. It was only when the analyst recalled her own dissociated, terror-generated childhood fantasy, that she could come to understand her patient's wordless, frozen world. This became a turning point; a new way of being together which explicated the transformation to an increasingly symbolized, worded analytic journey.

1. At the conclusion of this presentation, participants will be able to explain, through the description of detailed clinical vignettes, how as analysts, we may be called upon to build and sustain prolonged, wordless, embodied dialogues with our severely traumatized patients for whom experience is not only "unformulated but unspeakable."
2. At the conclusion of my presentation, participants will be able to describe how infant research and relationally-informed theories have been called upon to understand the "something more" than spoken language that explicated the transformation of an embodied, dialogic connection with a patient, to an increasingly symbolized, worded analytic journey.
3. At the conclusion of my presentation, participants will be able to explain how the therapist may have to locate destabilizing, trauma-generated aspects of her own experiential world and "find herself in her patient" in order to forge an empathic sense of connectedness with her patient's wordless, frozen world



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#8: The Quality of Relatedness and Analytic Intent

Presenters: Rachel McKay, PhD, USA and David Mark, PhD, USA
Discussant: Donnel Stern, PhD, USA
Moderator/Interlocutor: Daniel Goldin, LMFT, USA

Abstract:

Empathy Reconsidered, Rachel McKay

Radical equality in the Wake of Enactment, David Mark

The relational turn has opened the possibility to move quality of relatedness between analyst and patient into the foreground, both in terms of felt experience and as central to the understanding of therapeutic action. The potential for both people to feel in moments dramatically less alone is realized more readily when the analytic stance is ongoing cultivation of an engaged and very personal presence, more than one aimed at a specific function - whether containing, interpreting, or regulating. The two papers in this panel engage this theme, one with a focus on the experience of “radical equality” that emerges in the wake of enactments, and the other on an expanded conception of “empathy” when mutuality is taken into account.

As a result of attending this panel, participants will be able to:

1. Explain the distinction between empathy as more traditionally construed and empathy as shifted in the context of an understanding of intersubjectivity centered on the concept of mutual recognition
2. Analyze the role of the lifting of the analyst’s dissociation of his own “not me” self-state in the resolution of an enactment
3. Identify the elements of “radical equality” as a quality of relatedness between patient and analyst that follows the resolution of an enactment



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#9: Beyond Caricature: The Value of Theoretical Comparison in Helping Us Think and in Creating New Experience

Presenters: Joel Kanter, MSW, USA and Peter Kaufmann, PhD, USA
Discussant: Irwin Hirsch, PhD, USA
Moderator: Emily Kuriloff, PsyD, USA

Abstract:

What is Going on Around Here? Differentiating Interpersonal and Relational Paradigms, Joel Kanter

Elaborating on the distinction between a “two-person” relational paradigm and a “multi-person” interpersonal paradigm, this paper will highlight the distinctive elements of the interpersonal model, focusing on the process of collaborating with patients on a “detailed” inquiry into their “consensually-validated” interpersonal worlds, both inside and outside of the consulting room. Like the relational paradigm that Mitchell and others have articulated, this interpersonal paradigm need not be conflated with the “maverick” clinical practices of Sullivan and the early interpersonalists. But the focus on the broader interpersonal world obviously dilutes the attention given to the intersubjective analyst-patient dyad; in doing so, opportunities for interpersonal learning may be enhanced while opportunities for analytic understanding may be diminished.

1. Describe the difference between a one-person, two-person and multi-person paradigm in psychoanalysis and psychoanalytic psychotherapy.
2. Describe the central elements of the interpersonal paradigm including the detailed inquiry, consensual validation and selective inattention.
3. Compare the indications and contraindications to both the relational and interpersonal paradigms.

Beyond the Caricatures of Empathy and Confrontation - How to Potentiate a New Experience with an Old Object, Peter Kaufmann

In this panel, we will consider the controversy that has divided self-psychologically-oriented and interpersonally-oriented relationalists about the analyst’s expression of his/her distinct subjectivity and the relative importance of empathy vs. inquiry in facilitating therapeutic action. Self-oriented clinicians have emphasized the analyst’s empathizing with the patient’s perspective and containing the expression of their distinctive subjectivity unless the patient seems ready, whereas interpersonally-oriented analysts have stressed the benefits to patients of utilizing their separate subjectivity to inquire about what may be less conscious and helping patients to see their contribution to their problems. While this controversy has divided relationalists and even lead the opponents to caricature each other, we see the benefits of trying to integrate these emphases. We will focus on a self-psychologically-informed attempt at integration in addressing the central analytic issue of how the analyst helps the patient to have a new experience with an old object.

1. Panel attendees will better understand the empathic approach employed by self psychologists and be able to describe how it was exemplified in the two presented cases.
2. Panel attendees will better understand the interpersonal approach of inquiring from a position of the analyst’s separate subjectivity and describe how that could have been implemented in the two presented cases.
3. Panel attendees will be better able to delineate the elements involved in two recently proposed models that attempt to integrate empathy with inquiry. from a separate perspective.



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#10: When Relatedness is Damaged: A New Consideration of the Link Between Relational Psychoanalysis and Object Relations

Presenters: Lisa Director, PhD, USA; Robert Grossmark, PhD, USA and Jade McGleughlin, MSW, USA
Discussant: Joseph Newirth, PhD, ABPP, USA
Moderator: Sally Donaldson, PhD, USA

Abstract:

*The Analyst as Catalyst: Cultivating Mind in the Shadow of Neglect, **Lisa Director***

*Working with the Darkness: The Register of Psychoanalytic Companionship, **Robert Grossmark***

This panel will focus on working with patients for whom relatedness is severely impaired or constricted. We will examine the contributions of object relations theory, which has given us keen insights into patients' damaged subjectivities and primitive inner worlds, and relational psychoanalysis, which has expanded therapeutic action through uses of the analyst's subjectivity and enactment. Do these traditions mingle or conflict? We will argue for their therapeutic harmony in work with such difficult patients. In the process, we will offer a new expansion of relational practice and way of using the analyst's subjectivity that enables a new register of psychoanalytic work. In weaving together these two traditions we find the emergence of a new psychoanalytic perspective and new registers of analytic engagement. Object relations theory provides understanding, but the view of the role of the analyst is often one of supplying provision (e.g., Bion's containment), or an oracular grasp of the patient's deep wishes (e.g., classical Klein). Object relations schools make no place for the analyst's subjectivity, centrally implicated in relational practice. Shifting perspectives, we might say that relational psychoanalysis focuses on the mutuality of the analytic endeavor, but has not embraced the challenges presented by patients who do not experience self or other with coherence, and for whom interaction is extremely constricted. Through dynamic case presentations, the members of our panel will describe how we used our subjectivities to work with patients who were not available for relatedness in the customary sense. We distinguish our view of the use of the analyst's subjectivity from the more explicitly intersubjective stance taken by some interpersonalists, and the more selectively suspended subjectivity espoused by some relationalists (e.g., Slochower, 2014). Though our presenters offer differing approaches, we share a belief in using our selves to privilege the growth of the patient's capacities for: mentalization of experience beyond enacted states or cruder thought, self-other definition, a sense of aliveness and meaning-making processes. Our cases will spark lively debate, guided by a discussant who brings an authoritative knowledge of both traditions. One central question will be: what is meant by the analyst's subjectivity? Can we unpack this construct, and map differing registers that fall within the relational project?

1. Attendees will distinguish patients for whom relatedness is constricted and damaged from those who are more available to dialogic engagement.
2. Attendees will list the valuable contributions of both object relations and relational theory when working with these patients.
3. Attendees will describe the different kinds of uses of the analyst's subjectivity that work with these patients can require.



Saturday, June 27th

3:30 pm – 5:00 pm

PANEL SESSION IV

#10: When Relatedness is Damaged: A New Consideration of the Link Between Relational Psychoanalysis and Object Relations

Presenters: Lisa Director, PhD, USA; Robert Grossmark, PhD, USA and Jade McGleughlin, MSW, USA

Discussant: Joseph Newirth, PhD, ABPP, USA

Moderator: Sally Donaldson, PhD, USA

Abstract:

What's Relational Theory Got To Do With It? A look at Primitive States from a Relational Perspective, Jade McGleughlin

What would work look like that was within the relational tradition if we took up the challenge of working with poorly represented or unrepresented mental states? We rely on a one-person literature that is vivid in its understanding of the internal world of patients whose minds are not structured within a linguistic frame, yet the concepts and language of those classical analysts studying primitive states can be alienating to the relational theorist. One-person theories capture the wild affective disruption a patient will engender but those theories emphasize our separateness and difference from our patients. This work is seen to succeed by analysts pulling ourselves out of the pool, differentiating our presumably more neurotic minds from their more primitive ones, leaving us with our health intact and our authority unchecked, something relational theory questions. This paper will begin to explore a relational theory of thinking. How do relational analysts recognize, conceptualize and work with unrepresented mental states differently from our European colleagues? Using a series of clinical vignettes, this paper will begin to lay the groundwork for what is required from relational analysts who work with the primitive parts of our minds.

1. Identify key concepts within the relational tradition that address work with the primitive part of the patients mind
2. Contrast relational modes of therapeutic action from those commonly described by theorists in European psychoanalytic traditions
3. Elaborate existing relational and non-relational views of therapeutic action that address the creation of stable self/other representations



Saturday, June 27th 3:30 pm – 5:00 pm PANEL SESSION IV

#11: Invited Documentary Screening: Letters to Canada — Dear Canada: Messages of Reconciliation from Children and Young People

Presenters: Cindy Blackstock, PhD, Canada and Sarah Clarke, MSW, LLB, Canada

Chair: Faye Mishna, PhD, Canada

Abstract:

The Auditor General of Canada found that the federal government provides flawed and inequitable child welfare services to First Nations children on reserve and such treatment contributed to the over-representation of First Nations children in child welfare care. This inequality persisted despite the government having evidence informed solutions that were well within its fiscal capacity. Concerned about the impacts on children, the Assembly of First Nations and the First Nations Child and Family Caring Society filed a human rights complaint against the Federal Government in 2007 alleging that Canada's flawed and inequitable provision of child welfare is discriminatory pursuant to the Canadian Human Rights Act. Over the next six years, the federal government spent millions of dollars in its unsuccessful attempts to have the case dismissed on a preliminary basis before hearings on the merits of the case began in February 2013. By the time this historic case concluded in October of 2014, the Canadian Human Rights

Tribunal heard from 25 witnesses and over 500 documents were filed as evidence. This precedent setting decision is expected in 2015 and marks the first time the Canadian Government has been held to account for its contemporary treatment of First Nations children before a body that has the power to make a binding finding of discrimination and order a remedy. While the case has slowly made its way through the Canadian justice system, First Nations and non-Aboriginal children in Canada have filled the hearing rooms and made films about what they learned and why this case is so important to their childhoods and the type of Canada they want to grow up in. This presentation opens with a film "Letters to Canada" made by the children and follows with a discussion on the implications of this case for children's rights and citizenship in Canada and around the world. (13 minutes) Film link: <https://www.youtube.com/watch?v=pHPHUHYq8A8>

Learning objectives

1. Understand how domestic human rights law can be used to hold states accountable for the rights afforded to children pursuant to the United Nations Convention on the Rights of the Child.
2. Consistent with article 12 of the United Nations Convention on the Rights of the Child, learn how children are actively engaged in a systemic human rights case as an exercise of their citizenship and personal agency.
3. Examine how this precedent setting decision can affect discrimination experienced by Indigenous children in other service domains.